

**BETH C. DRAIN, CA CSR NO. 7152**

BEFORE THE

ACCESSIBILITY AND AFFORDABILITY WORKING GROUP OF THE

INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE  
TO THE  
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
ORGANIZED PURSUANT TO THE  
CALIFORNIA STEM CELL RESEARCH AND CURES ACT

REGULAR MEETING

LOCATION: VIA ZOOM

DATE: FEBRUARY 8, 2022  
2 P.M.

REPORTER: BETH C. DRAIN, CA CSR  
CSR. NO. 7152

FILE NO.: 2022-06

**I N D E X**

<b>ITEM DESCRIPTION</b>	<b>PAGE NO.</b>
<b>OPEN SESSION</b>	
1. CALL TO ORDER	3
2. ROLL CALL	3
<b>DISCUSSION ITEMS</b>	
3. REVIEW OF PROP 14 TERMS FOR CIRM ROYALTY REVENUES	12
4. RECOMMENDATION TO ESTABLISH A CIRM PATIENT ASSISTANCE FUND	20
5. NEXT STEPS	35
6. PUBLIC COMMENT	NONE
7. ADJOURNMENT	37

**BETH C. DRAIN, CA CSR NO. 7152**

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FEBRUARY 8, 2022; 2 P.M.

CHAIRMAN TORRES: SO, MADAM - PRESIDENT OF  
OUTREACH AND BOARD GOVERNANCE, PLEASE CALL THE ROLL.

MS. BONNEVILLE: WE ARE MISSING SOME  
FOLKS.

CHAIRMAN TORRES: I THOUGHT WE HAD A  
QUORUM.

MS. BONNEVILLE: DEFINITELY NOT YET. I'M  
GOING TO GO THROUGH, AND AS PEOPLE JOIN, WE WILL  
MARK THEM AS PRESENT.

DAN BERNAL.

MR. BERNAL: PRESENT.

MS. BONNEVILLE: ANN BOYNTON.

MS. BOYNTON: PRESENT.

MS. BONNEVILLE: JAMES DEBENNETTI.

MR. DEBENNETTI: HERE.

MS. BONNEVILLE: DANA DORNSIFE. DAVID  
GOLDMAN. TED GOLDSTEIN.

DR. GOLDSTEIN: PRESENT.

MS. BONNEVILLE: DAVID HIGGINS.

DR. HIGGINS: PRESENT.

MS. BONNEVILLE: HARLAN LEVINE.

DR. LEVINE: PRESENT.

MS. BONNEVILLE: PAT LEVITT. ADRIANA

**BETH C. DRAIN, CA CSR NO. 7152**

1 PADILLA.

2 DR. PADILLA: HERE.

3 MS. BONNEVILLE: AMMAR QADAN.

4 MR. QADAN. PRESENT.

5 MS. BONNEVILLE: AL ROWLETT.

6 MR. ROWLETT: HERE.

7 MS. BONNEVILLE: DAVID SERRANO-SEWELL.

8 MAHESWARI SENTHIL. ADRIENNE SHAPIRO.

9 YOU'RE ON MUTE, BUT I SEE YOU.

10 MS. SHAPIRO: PRESENT.

11 MS. BONNEVILLE: JONATHAN THOMAS.

12 CHAIRMAN THOMAS: HERE.

13 MS. BONNEVILLE: ART TORRES.

14 CHAIRMAN TORRES: HERE.

15 MS. BONNEVILLE: WE HAVE QUORUM.

16 CHAIRMAN TORRES: OH, MY GOD. I'M SO

17 HAPPY.

18 SO WELCOME TO EVERYONE TO OUR SECOND  
19 MEETING OF OUR WORKING GROUP ON AFFORDABILITY AND  
20 ACCESSIBILITY. AND I'D LIKE, FIRST OF ALL, FOR  
21 HAVING OUR VICE PRESIDENT OF PUBLIC OUTREACH AND  
22 BOARD GOVERNANCE, MARIA BONNEVILLE, A WOMAN OF ALL  
23 TRADES, PLEASE CALL THE ROLL.

24 MS. BONNEVILLE: I DID JUST CALL THE ROLL,  
25 SO WE ARE GOOD TO GO.

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1 CHAIRMAN TORRES: THAT SHALL CONSTITUTE  
2 THAT. AND NOW I'D LIKE TO HAVE IF THERE ARE ANY  
3 COMMENTS FROM OUR CHAIR JONATHAN. J.T., DO YOU HAVE  
4 ANYTHING TO SAY?

5 CHAIRMAN THOMAS: JUST WELCOME TO  
6 EVERYBODY AGAIN. THIS IS A VERY IMPORTANT  
7 UNDERTAKING THAT THIS WORKING GROUP HAS IN STORE  
8 HERE. SO WE REALLY APPRECIATE ALL OF YOU  
9 PARTICIPATING AND ADDING YOUR CONSIDERABLE EXPERTISE  
10 TO THE OVERALL DISCUSSION AS WE DRIVE OUR WAY  
11 TOWARDS MAKING SURE THAT CIRM-FUNDED PRODUCTS ARE  
12 ACCESSIBLE AND AFFORDABLE TO ALL PARTIES IN  
13 CALIFORNIA. SO THANK YOU VERY MUCH.

14 CHAIRMAN TORRES: THANK YOU, J.T.  
15 I WANT TO WELCOME FOR HIS FIRST MEETING  
16 DR. PAT LEVITT, WHO IS VICE PRESIDENT OF SABAN, A  
17 DEAR FRIEND OF MINE, RESEARCH INSTITUTE OF  
18 CHILDREN'S HOSPITAL. WE ARE VERY HAPPY, PAT, THAT  
19 YOU'VE TAKEN THE TIME TO SERVE WITH US, TO HAVE YOUR  
20 PERSPECTIVE FROM YOUR VANTAGE POINT. AND, AGAIN, MY  
21 THANK YOU FOR THAT HOSPITAL SAVING MY SON'S LIFE  
22 MANY YEARS AGO. SO WELCOME TO THE WORKING GROUP,  
23 PAT.

24 DR. LEVITT: THANKS VERY MUCH. APPRECIATE  
25 THAT.

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1 CHAIRMAN TORRES: NICE TO HAVE YOU.

2 I WANTED TO GIVE A FEW OPENING REMARKS SO  
3 THAT WE ARE ALL ON THE SAME PAGE. I'VE HAD A VERY,  
4 VERY BUSY LAST TWO WEEKS. BUT, FIRST OF ALL, I WANT  
5 TO GIVE A SHOUT OUT TO OUR DEAR MEMBER TED  
6 GOLDSTEIN, WHO JUST DID A VIDEO FOR A NUMBER OF  
7 CANCER ISSUES. I WANT, TED, IF YOU COULD JUST SPEND  
8 A MINUTE TO TELL US WHAT THAT VIDEO WAS ABOUT AND  
9 MAYBE A HOOK-UP WHERE WE CAN SEE IT OURSELVES.

10 DR. GOLDSTEIN: SURE. I'LL SEND AROUND  
11 THE URL.

12 I WAS INVITED TO GIVE THE KEYNOTE ADDRESS  
13 AT THE ASCO GASTROENTEROLOGY CONFERENCE. ASCO IS  
14 THE AMERICAN SOCIETY OF CLINICAL ONCOLOGISTS, AS I'M  
15 SURE YOU ALL KNOW. AND THIS WAS JUST THEY WANTED TO  
16 GET A NONONCOLOGIST PERSPECTIVE ON ARTIFICIAL  
17 INTELLIGENCE AND INNOVATION. AND THE TIE-IN TO CIRM  
18 IS THAT ONE OF THE THINGS THAT I THINK HAS MARKED  
19 INNOVATION OVER THE LAST DECADE OR TWO HAS BEEN  
20 CREATION OF MANY GREAT AND IMPORTANT PLATFORMS THAT  
21 ALLOW MANY PEOPLE TO BRING THEIR INTELLIGENCE AND  
22 WORK TOGETHER. AND THAT INCLUDES, OF COURSE, MY OWN  
23 WORK ON COMPUTERS AND CIRM'S GREAT WORK IN MAKING  
24 STEM CELL A VIABLE THERAPEUTIC PLATFORM.

25 AND SO THE TIE-IN WAS JUST TO HELP THE GI

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1 ONCOLOGISTS, MOST, OF COURSE, FOCUSING ON THINGS  
2 LIKE COLORECTAL CANCER AND SUCH, TO BROADEN THEIR  
3 PERSPECTIVE. THEY HAVE MANY THERAPIES, BUT NOT VERY  
4 MANY YET GOING ON IN THE ARSENAL. AND I GOT TO  
5 INTRODUCE A LITTLE BIT ABOUT 47 AND WHAT WAS GOING  
6 ON THERE AND THE FACT THAT THE, NOT TO LOOK AT STEM  
7 CELLS SO MUCH AS A RADICAL CHANGE, BUT AN EXTENSION  
8 OF WHAT THEY ALREADY DO WITH BLOOD BANKS. THEY ARE  
9 ALREADY OPERATING IN LIVE TISSUE CENTERS.

10 AND I TOLD THEM ABOUT SOME GREAT CLINICAL  
11 TRIALS AND HAD A LOT OF HELP FROM THE FOLKS AT CIRM.  
12 THANKS SO MUCH TO YOU AND YOUR TEAM, ABLA, REALLY  
13 JUST TREMENDOUS HELP.

14 SO WHAT I WOULD ENCOURAGE ALL OF YOU IS TO  
15 HELP GO OUT AND SPEAK ABOUT WHAT WE ARE DOING HERE.  
16 AND I THINK THAT THIS IS A GREAT TIME TO BUILD THE  
17 BONDS TO THE THERAPEUTIC COMMUNITY. MANY OF YOU ARE  
18 CLINICIANS, OF COURSE, BUT NOW I THINK IS A GREAT  
19 TIME TO BROADEN PEOPLE'S HORIZONS.

20 CHAIRMAN TORRES: THANK YOU SO MUCH, TED.  
21 AND THANK YOU FOR THAT EXCELLENT WORK. AS A COLON  
22 CANCER SURVIVOR, I APPRECIATE THE RESEARCH THAT YOU  
23 HIGHLIGHTED.

24 I THINK IT'S ALSO IMPORTANT FOR US TO BE  
25 VERY CLEAR ABOUT WHAT OUR MANDATE IS WITH THIS

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1 INITIATIVE LANGUAGE FROM PROP 14. AND PART OF THE  
2 ISSUE THAT IS NOT PART, BUT THE MAJOR ISSUE OF THE  
3 HEALTH EXPENDITURES IN THE UNITED STATES REACHED  
4 ABOUT 3.8 TRILLION IN 2019. IN AUGUST 2020  
5 CALIFORNIA'S TOTAL HEALTH EXPENDITURES WERE AN  
6 ESTIMATED 399.2 BILLION JUST IN CALIFORNIA IN TERMS  
7 OF HEALTH EXPENDITURES ACCOUNTING FOR ABOUT 32  
8 PERCENT OF THE STATE'S GROSS DOMESTIC PRODUCT, WHICH  
9 AT THAT POINT FOR CALIFORNIA WAS ABOUT 3.1 TRILLION.  
10 AS A RESULT, THE CALIFORNIA PER CAPITA HEALTHCARE  
11 SPENDING IN 2018 WAS ABOUT \$10,086.

12 PERSON WHO KNOWS VERY WELL ABOUT THOSE  
13 NUMBERS IS OUR GOVERNOR. HE AND I HAVE HAD NUMEROUS  
14 CONVERSATIONS REGARDING AFFORDABILITY AS WELL AS JIM  
15 DEBENNETTI KNOWS FROM COVERED CALIFORNIA JUST  
16 WHERE WE ARE IN TERMS OF EXPENDITURES. AS A RESULT,  
17 THE GOVERNOR PUT FOR THE SECOND TIME IN HIS BUDGET  
18 THE CREATION OF AN OFFICE OF AFFORDABILITY. AND  
19 THAT'S IN THE BUDGET LANGUAGE NOW FOR ABOUT 30  
20 MILLION IN TERMS OF EXPENDITURES.

21 WHAT HAPPENS IS THAT THAT LANGUAGE IS IN  
22 THE BUDGET; BUT IN ORDER FOR IT TO BE IMPLEMENTED,  
23 THERE HAS TO BE A BUDGET TRAILER BILL WHICH WILL BE  
24 INTRODUCED FOLLOWING THE BUDGET'S SUPPORT. THE  
25 FIRST STEP IS IN MAY WHAT WE CALL THE MAY REVISES

**BETH C. DRAIN, CA CSR NO. 7152**

1 FOR THE BUDGET TO BE REVIEWED OSTENSIBLY BY THE  
2 LEGISLATURE AND LEGISLATIVE COMMITTEES TO SEE WHERE  
3 CERTAIN ITEMS MIGHT BE AUGMENTED OR CERTAIN ITEMS  
4 MIGHT BE DELETED.

5 BUT AS FAR AS I CAN TELL, THE 30 MILLION  
6 FOR THE BUDGET FOR THAT OFFICE IS GOING TO REMAIN  
7 INTACT, AND THE TRAILER BILL WILL INCLUDE THAT  
8 AMOUNT AS WE MOVE FORWARD.

9 BUT THE SECOND ISSUE IS IT IS REQUIRED TO  
10 HAVE A PIECE OF LEGISLATION THAT WILL ACTUALLY  
11 AUTHORIZE AND IMPLEMENT THIS OFFICE OF  
12 AFFORDABILITY. AND MY DEAR FRIEND, WHO'S A FORENSIC  
13 DENTIST, WHO REPRESENTS SONOMA COUNTY IN THE  
14 ASSEMBLY, DR. WOOD, HAS INTRODUCED THAT LEGISLATION  
15 AND IT'S CALLED AB 1130. I'LL BE SENDING EACH OF  
16 YOU A COPY OF THAT LEGISLATION. IT'S QUITE  
17 EXTENSIVE, BUT IT BASICALLY WOULD ESTABLISH WITHIN  
18 OFFICE OF HEALTHCARE AFFORDABILITY TO ANALYZE THE  
19 HEALTHCARE MARKET FOR COST TRENDS AND DRIVERS OF  
20 SPENDING, VERY MUCH WHAT WE'RE GOING TO BE DOING IN  
21 THE NEXT YEAR.

22 IT ALSO IS TASKED WITH DEVELOPING DATA  
23 WITH INFORMING POLICIES FOR LOWER HEALTHCARE COSTS,  
24 FOR CONSUMER SET AND ENFORCED COST TARGETS, AND  
25 CREATE A STATE STRATEGY FOR CONTROLLING THE COST OF

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1 HEALTHCARE AND ENSURING AFFORDABILITY. HEALTHCARE  
2 COST CONTAINMENT IS NOT NEW. I INTRODUCED THE FIRST  
3 BILL IN THE 1970S UNSUCCESSFULLY, AND JOHN GARAMENDI  
4 WHEN HE WAS IN THE SENATE INTRODUCED ONE SINGLE  
5 PAYER INITIATIVE WHICH, OF COURSE, WAS VETOED. AND  
6 NOW WE JUST FOUND THIS PAST WEEK THAT ANOTHER  
7 ATTEMPT TO CREATE A SINGLE PAYER IN CALIFORNIA ALSO  
8 FAILED IN THE ASSEMBLY, BUT APPARENTLY IS GOING TO  
9 BE RESUSCITATED.

10 THIS BILL WOULD ESTABLISH A STATEWIDE  
11 HEALTHCARE TARGET FOR TOTAL AND PER CAPITA  
12 HEALTHCARE EXPENDITURES BY 2024, THAT'S THEIR GOAL,  
13 AND BY 2024 CALENDAR SPECIFIC TARGETS FOR HEALTHCARE  
14 SECTOR INCLUDING THE FULLY INTEGRATED DELIVERY  
15 SYSTEM, GEOGRAPHIC REGIONS, WHICH WE ARE GOING TO BE  
16 CONCENTRATING ON IN THE YEAR AHEAD, AS WELL AS OTHER  
17 CATEGORIES OF INDIVIDUAL HEALTHCARE COSTS AND  
18 ENTITIES, AND HOPEFULLY TAKING PROGRESSIVE ACTIONS  
19 AGAINST HEALTHCARE ENTITIES FOR FAILING TO MEET THE  
20 COST TARGETS. AND THAT'S ONE OF THE MAIN  
21 OPPOSITIONS TO THIS LEGISLATION IS THE FACT THAT  
22 THEY'RE GOING TO CREATE AN AGENCY WHICH IS ACTUALLY  
23 GOING TO GO AFTER THOSE PEOPLE WHO ARE NOT MEETING  
24 COST TARGETS, INCLUDING CORRECTIVE ACTION PLANS, AND  
25 ALSO ESTABLISHING ADMINISTRATIVE PENALTIES.

**BETH C. DRAIN, CA CSR NO. 7152**

1 SO YOU CAN SEE HOW CONTROVERSIAL THAT IS  
2 FOR THE CALIFORNIA HOSPITAL ASSOCIATION AND OTHER  
3 ORGANIZATIONS WHICH ARE CURRENTLY OPPOSED TO THIS  
4 LEGISLATION. THE BILL WILL ALSO REQUIRE THE  
5 GATHERING OF DATA WHICH IS VERY IMPORTANT TO ALL OF  
6 US IN THIS GROUP BECAUSE DATA DETERMINES JUST WHERE  
7 WE GO, WHAT TARGETS WE INITIATE, AND THOSE ARE TO BE  
8 ESTABLISHED BY JUNE 1ST OF 2025.

9 THE BILL ALSO WOULD REQUIRE THE OFFICE TO  
10 MONITOR COST TRENDS IN THE HEALTHCARE MARKET  
11 ACCESSIBILITY ISSUES WHICH, OF COURSE, WE'RE GOING  
12 TO BE UNDERTAKING AS WELL.

13 I JUST WANTED TO GIVE YOU AN OVERVIEW.  
14 THE BILL PASSED JUNE 6TH OF 2021. AND SO IT WAS  
15 ASSIGNED TO THE SENATE. IN CONVERSATIONS I HAD WITH  
16 SENATOR PAN AND THE SENATE HEALTH COMMITTEE JUST  
17 THIS MORNING INDICATE THAT THEY ARE TRYING TO SET A  
18 HEARING DATE EARLIER THAN JUNE, HOPEFULLY SOMETIME  
19 IN MARCH, AND THE AUTHOR IS MOVING AHEAD TO HAVE  
20 THAT HEARING BEFORE THE SENATE HEALTH COMMITTEE. SO  
21 IT SHOULD BE A VERY INTERESTING HEARING, AND I'LL  
22 REPORT BACK TO YOU WHAT HAPPENS DURING THAT PROCESS.

23 IF THERE ANY QUESTIONS YOU WANT TO  
24 ARTICULATE TO ME, PLEASE BE FREE TO E-MAIL ME, AND  
25 I'LL BE HAPPY TO RESPOND.

**BETH C. DRAIN, CA CSR NO. 7152**

1           OUR NEXT ELEMENT IN OUR AGENDA IS TO LOOK  
2           AT A REVIEW OF PROP 14 TERMS FOR CIRM'S ROYALTY  
3           REVENUES, WHICH IS A VERY ESTABLISHED ACHIEVEMENT  
4           THAT WE WERE, WITH THE LEADERSHIP OF DR. MILLAN,  
5           J.T., STEVE JUELSGAARD, AND OTHERS, ABLE TO  
6           NEGOTIATE WITH STANFORD TO BRING THESE REVENUES FROM  
7           ROYALTIES INTO A FUND WHICH WILL HOPEFULLY HELP  
8           PATIENTS. WHO'S GOING TO TAKE THAT UP? IS THAT  
9           YOU, MARK?

10           DR. MILLAN: GEOFF IS GOING TO GIVE A  
11           PRESENTATION ON BEHALF OF THE TEAM, ART. THANK YOU  
12           SO MUCH.

13           CHAIRMAN TORRES: DR. GEOFF LOMAX, OUR  
14           SENIOR SCIENCE OFFICER, WELCOME TO THE GROUP.

15           DR. LOMAX: THANKS. LET ME JUST SEE IF I  
16           CAN GET THE SCREEN HERE. LOOKS GOOD. LET ME  
17           FIND -- HANG ON ONE SECOND. JUST TRYING TO FIND THE  
18           PRESENTATION. TRY AGAIN HERE.

19           OKAY. YOU SHOULD HAVE A FULL SCREEN VIEW.  
20           I'M ASSUMING YOU CAN HEAR ME. FOR THOSE OF YOU I  
21           HAVE NOT MET, AGAIN, MY NAME IS GEOFF LOMAX. I'M  
22           THE PROJECT MANAGER FOR CIRM'S CLINICAL TRIALS  
23           NETWORK, THE ALPHA CLINICS. AND IN ADDITION, I'VE  
24           SUPPORTED SENATOR TORRES AND THE CIRM LEADERSHIP  
25           TEAM BY TRACKING REGULATORY AND POLICY ISSUES THAT

**BETH C. DRAIN, CA CSR NO. 7152**

1 IMPACT CIRM'S STRATEGIC PLAN.

2 THIS AFTERNOON WHAT I WANT TO GIVE YOU IS  
3 A REVIEW OF THE PROP 14 TERMS WITH REGARD TO ROYALTY  
4 REVENUES.

5 SO A REMINDER, OUR MISSION, ACCELERATING  
6 WORLD CLASS SCIENCE TO DELIVER TRANSFORMATIVE  
7 REGENERATIVE TREATMENTS IN AN EQUITABLE MANNER TO A  
8 DIVERSE CALIFORNIA AND THE WORLD. THIS PARTICULAR  
9 TOPIC HAS CREDIBLE BEARING ON OUR ABILITY TO DELIVER  
10 THOSE.

11 SO THIS IS THE LANGUAGE IN THE  
12 PROPOSITION, AND THE SPECIFIC THINGS I WANT TO DRAW  
13 YOUR ATTENTION TO IS THAT ROYALTY REVENUES, AGAIN,  
14 THEY'RE DEPOSITED INTO THE GENERAL FUND. SO THAT'S  
15 SIGNIFICANT, AND THAT WILL BECOME APPARENT AS I MOVE  
16 THROUGH THE PRESENTATION. AND THEY'RE FOR THE  
17 PURPOSE OF PROVIDING TREATMENT AND CURES ARISING  
18 FROM CIRM-FUNDED RESEARCH TO PATIENTS WHO HAVE  
19 INSUFFICIENT MEANS TO PURCHASE SUCH TREATMENTS OR  
20 CURES. SO, AGAIN, ALLUDING TO BOTH POTENTIALLY  
21 APPROVED TREATMENTS IN THE FUTURE, BUT ALSO  
22 INCLUDING REIMBURSEMENT OF PATIENT QUALIFIED COSTS  
23 FOR RESEARCH PARTICIPANTS. SO PRESUMABLY THAT'S  
24 CLINICAL RESEARCH OR CLINICAL TRIALS.

25 SO WHAT I'M GOING TO DO IS GO THROUGH A

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1 SERIES OF SORT OF THREE QUESTIONS THAT WE HAVE FOR  
2 YOU ALL TODAY. WE'RE NOT NECESSARILY GOING TO  
3 ANSWER ALL THREE QUESTIONS. I WANTED TO LAY OUT THE  
4 QUESTIONS. AND THE FIRST ONE REALLY COMES IN THE  
5 FORM OF A RECOMMENDATION. AND THE RECOMMENDATION  
6 FROM THE CIRM TEAM IS THAT, NOW THAT WE HAVE FUNDS  
7 AVAILABLE, THAT WE CREATE WHAT WE ARE CALLING A CIRM  
8 PATIENT ASSISTANCE FUND. AND SO WHAT I THINK I'D  
9 LIKE TO DO, SENATOR TORRES, IS JUST GO THROUGH THE  
10 THREE POINTS, AND THEN YOU WILL HAVE DISCUSSION.  
11 DOES THAT MAKE SENSE?

12 CHAIRMAN TORRES: ABSOLUTELY.

13 DR. LOMAX: SO QUESTION 1 IS CIRM PATIENT  
14 ASSISTANCE FUND. WE WOULD NEED THE RECOMMENDATION  
15 OF THE AAWG THAT WE MOVE FORWARD WITH SUCH A FUND.

16 THE SECOND POINT IS THEN TO REALLY  
17 UNDERSTAND THE SCOPE OF THE FUND. WE DON'T HAVE  
18 SPECIFIC RECOMMENDATIONS TODAY FOR THE FOLLOWING TWO  
19 QUESTIONS, BUT I WOULD LIKE TO DESCRIBE WHAT THE  
20 QUESTIONS ARE.

21 THE FUND MUST BE -- IF YOU ARE GOING TO  
22 MAKE AN APPROPRIATION, IT MUST BE FOR A DEFINED  
23 AMOUNT OF MONEY, SO A DOLLAR AMOUNT AND A DEFINED  
24 PURPOSE. AND THAT PURPOSE MUST BE CONSISTENT WITH  
25 THE ENABLING LEGISLATION. IN THIS CASE I'M

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1 REFERRING TO PROPOSITION 14. YOU SAW THE LANGUAGE  
2 PREVIOUSLY, SO IT RELATES TO THE OBJECTIVE OF  
3 PROVIDING ASSISTANCE TO PATIENTS WHO WOULDN'T  
4 OTHERWISE HAVE ACCESS.

5 A COUPLE OF OTHER THINGS, JUST TO KIND OF  
6 GIVE YOU A SENSE OF TIME FRAME. TO MOVE FORWARD,  
7 THE EARLIEST POSSIBLE TIME WE COULD RELEASE FUNDS  
8 WOULD BE IN FISCAL YEAR 23/24. SO THAT'S A YEAR  
9 FROM THIS JULY.

10 AND ANOTHER THING THAT'S IMPORTANT IS THAT  
11 THE FUNDS REQUESTED NEED TO BE SPENT IN THE FISCAL  
12 YEAR. SO THAT REQUIRES SOME DEGREE OF FORECASTING.  
13 YOU WANT TO GET THE NUMBERS RIGHT. WITH OUR  
14 RESEARCH FUNDS, WE CAN ALWAYS ROLL THEM INTO  
15 ADDITIONAL YEARS. BUT IN THIS CASE WE'RE DEALING  
16 WITH GENERAL FUND AMOUNTS, SO WE NEED TO HAVE THE  
17 ASK DONE CORRECTLY.

18 SO THE SECOND SET OF QUESTIONS ARE, AGAIN,  
19 CONFIRMING THAT WE DEFINE THE PURPOSE AND THE AMOUNT  
20 OF MONEY. THAT'S QUESTION 2.

21 AND IN ADDITION, WE ALSO NEED TO CONSIDER  
22 HOW THE ASSISTANCE FUND WOULD BE ADMINISTERED. AND  
23 WE HAVE DONE A BIT OF RESEARCH. WE DON'T COME  
24 FORWARD TODAY WITH ANY SPECIFIC RECOMMENDATION, BUT  
25 WANTED TO DESCRIBE SOME OF THE POSSIBILITIES THAT WE

**BETH C. DRAIN, CA CSR NO. 7152**

1 KNOW EXIST.

2 YOU COULD CONSIDER WORKING WITH AN  
3 ESTABLISHED PATIENT ASSISTANCE FUND. THERE ARE  
4 NUMEROUS FUNDS THAT EXIST CURRENTLY. AND THE FUND  
5 COULD DISTRIBUTE FUNDS ON BEHALF OF CIRM VIS-A-VIS  
6 AN RFP MECHANISM WHERE WE WOULD DEFINE SCOPE AND HOW  
7 THESE FUNDS COULD BE USED.

8 OPTION 2 WOULD BE TO CREATE A NEW FUND  
9 SORT OF DE NOVO, ONE THAT WOULD JUST CREATE THE CIRM  
10 PATIENT ASSISTANCE FUND. AGAIN, TYPICALLY, WE WOULD  
11 USE AN RFA AS THE MECHANISM WHERE WE WOULD LAY OUT  
12 WHAT WE ARE LOOKING FOR IN TERMS OF EXPECTATIONS AND  
13 CRITERIA, BUT WE WOULDN'T BE USING ANY ESTABLISHED  
14 ORGANIZATION. WE WOULD BE ESSENTIALLY CREATING A  
15 NEW ONE, MOST LIKELY.

16 AND THEN THIRD OPTION WOULD BE WE COULD  
17 TAKE ADVANTAGE OF CIRM'S EXISTING PROGRAMS AND  
18 DEPLOY THE FUNDS THROUGH THOSE PROGRAMS. THE MOST  
19 OBVIOUS EXAMPLE MIGHT BE, SAY, AN EXISTING CIRM  
20 CLINICAL TRIAL WHERE, SAY, THERE'S AN INTEREST OR  
21 WILLINGNESS OR SOME OPPORTUNITY TO REACH A BROADER  
22 PATIENT POPULATION, THE EXISTING TRIAL DOESN'T HAVE  
23 SUFFICIENT FUNDS TO SUPPORT THAT BROADER POPULATION,  
24 BUT FUNDING COULD BE DEPLOYED TO COVER THOSE COSTS.  
25 SO THAT'S SORT OF, AGAIN, EXISTING PROGRAMS.

**BETH C. DRAIN, CA CSR NO. 7152**

1           AND, AGAIN, WE ARE EARLY STAGE IN OUR  
2 RESEARCH. WE WERE LOOKING AT VARIOUS MODELS THAT  
3 COULD POTENTIALLY BE DEPLOYED IN THIS CASE. THERE  
4 MAY BE OTHER OPPORTUNITIES THAT YOU ALL ARE AWARE OF  
5 OR THINGS THAT WE NEED TO LOOK AT THAT AREN'T  
6 REFLECTED IN THIS LIST. AND, AGAIN, WE ARE  
7 AVAILABLE TO LOOK AT THOSE.

8           AGAIN, I WANT TO GET BACK TO THE TIMELINE  
9 BECAUSE, AGAIN, WE ARE TRYING TO COME TO YOU VERY  
10 EARLY IN THE PROCESS AND FOR THE BENEFIT OF YOUR  
11 THINKING. AND SO IN QUARTER 21/22, BACK TO THE  
12 QUESTION 2 AND 3, OR QUESTION 2 IN PARTICULAR,  
13 CONSIDER THE AMOUNT AND PURPOSE OF THE REQUEST.  
14 THOSE ARE IMPORTANT CONSIDERATIONS. IF, IN FACT,  
15 THERE IS AN INTEREST IN BEING ABLE TO DEPLOY FUNDS  
16 IN JULY OF 2023, WE'D NEED TO START THE PROCESS OF  
17 IDENTIFYING THE AMOUNT AND PURPOSE AND IDEALLY  
18 GETTING THAT REQUEST TO THE FULL BOARD FOR  
19 CONSIDERATION IN JUNE OF THIS YEAR. THE JUNE DATE  
20 IS FAIRLY CRITICAL BECAUSE IN JULY AND AUGUST THAT  
21 REQUEST NEEDS TO GO TO THE DEPARTMENT OF FINANCE,  
22 AND WE NEED TO WORK WITH THE DEPARTMENT TO GET THAT  
23 INTO THE PROPOSED BUDGET. THAT BUDGET EFFECTIVELY  
24 GETS APPROVED IN THE BEGINNING OF 2023. THERE'S  
25 SOME PROCESSES WHERE THINGS GET WORKED OUT. AND

**BETH C. DRAIN, CA CSR NO. 7152**

1 ULTIMATELY BY QUARTER TWO OF 2023, THOSE FUNDS THEN  
2 BECOME AVAILABLE TO BE SPENT.

3 SO THIS, AGAIN, GIVES YOU A SENSE OF  
4 TIMELINE. WE ARE HERE AT THIS EARLY STAGE, TRYING  
5 TO, AGAIN, BRING A SET OF OPTIONS TO THE WORKING  
6 GROUP FOR YOUR CONSIDERATION. AND WITH THAT, I'D  
7 TURN IT BACK TO YOU, SENATOR TORRES.

8 CHAIRMAN THOMAS: ALL RIGHT. ANY  
9 QUESTIONS ON GEOFF'S'S PRESENTATION THUS FAR?

10 MS. BONNEVILLE: MARIA HAS HER HAND  
11 RAISED.

12 CHAIRMAN TORRES: YES, MARIA MILLAN.  
13 DOCTOR.

14 DR. MILLAN: THANK YOU, SENATOR.

15 I WANTED TO JUST KIND OF SUPPLEMENT WHAT  
16 GEOFF HAD PRESENTED. AND THANK YOU, GEOFF.

17 A COUPLE OF THINGS. WE WANTED TO MAKE  
18 SURE THAT THE AAWG WAS AWARE THAT THERE IS NO  
19 SPECIFIC TIMELINE WHERE THESE FUNDS HAVE TO BE  
20 EXPENDED. IT'S JUST THAT THEY ARE CURRENTLY  
21 AVAILABLE. SO THE IDEA OF LAYING OUT THIS TIMELINE  
22 IS TO GIVE AN INDICATION OF THE PROCESS THAT ONE  
23 WOULD HAVE TO GO THROUGH IN ORDER TO ACCESS THESE  
24 FUNDS.

25 I THINK THE MOST IMPORTANT TOPIC IS AN

**BETH C. DRAIN, CA CSR NO. 7152**

1 UNDERSTANDING OF WHAT THE AAWG FEELS THAT THESE  
2 FUNDS THAT ARE EARMARKED FOR PATIENT ASSISTANCE  
3 SHOULD BE USED FOR. THERE ARE DEFINITELY MODELS OUT  
4 THERE OF PATIENT ASSISTANCE FUNDS, ET CETERA, THAT  
5 WE HAVE BECOME FAMILIAR WITH. BUT THERE ARE ALSO  
6 OTHER WAYS THAT CIRM USING THESE FUNDS COULD ALSO  
7 SUPPORT THE SPIRIT OF THE PROP 14 PROVISION.

8 SO I JUST WANTED TO MAKE SURE THAT, WHEN  
9 OUR TEAM STATED THAT WE RECOMMEND THE AAWG TO  
10 CONSIDER THE PATIENT ASSISTANCE FUND, IT'S NOT  
11 SPECIFICALLY THAT WE HAVE ANY PARTICULAR STRUCTURE  
12 IN MIND OR SCOPE OR ANYTHING. IT'S JUST SO THAT WE  
13 HAVE A STARTING POINT FROM WHERE TO GO. SO I WANTED  
14 TO JUST INSERT A LITTLE BIT OF CLARITY ON THAT. AND  
15 THE FUNDS, EVEN IF THEY'RE NOT EXPENDED FOR A GIVEN  
16 YEAR, APPARENTLY I'M TOLD BY MARIA BONNEVILLE AND  
17 KEVIN MARKS, AS WELL AS OUR DIRECTOR OF FINANCE HAS  
18 BEEN IN COMMUNICATION WITH THE DEPARTMENT OF  
19 FINANCE, THESE FUNDS ARE EARMARKED FOR THIS PURPOSE.  
20 SO THEY SHOULD BE STILL PROTECTED FOR THIS  
21 PARTICULAR USE.

22 CHAIRMAN TORRES: THANK YOU VERY MUCH,  
23 MARIA. AND THANK YOU, GEOFF, AGAIN. I THINK,  
24 AGAIN, I WANT TO REITERATE HOW IMPORTANT IT IS FOR  
25 US TO BE AHEAD OF THE GAME HERE. PEOPLE HAVE BEEN

**BETH C. DRAIN, CA CSR NO. 7152**

1 WAITING PATIENTLY FOR YEARS AS TO WHAT KIND OF  
2 ROYALTIES THE STATE WOULD GET BACK AS A RESULT OF  
3 THE RESEARCH THAT THE TAXPAYERS HAVE FUNDED. AND  
4 CLEARLY THIS IS A VIVID EXAMPLE THAT WE WERE TELLING  
5 THE TRUTH IN TERMS OF WHERE WE'RE HEADED TO IN THE  
6 FUTURE.

7 SO THE FIRST INITIAL STEP IS A  
8 RECOMMENDATION BY THIS GROUP TO OUR FULL BOARD OF  
9 CIRM SO THEY CAN ADOPT IT FORMALLY. AND THAT IS I  
10 WILL ENTERTAIN A MOTION TO RECOMMEND FOR  
11 CONSIDERATION THAT THIS ROYALTY FUND BE ESTABLISHED  
12 AND NAMED THE CIRM PATIENT ASSISTANCE FUND. HOW WE  
13 IMPLEMENT IT IS GOING TO BE A CONTINUED CONVERSATION  
14 WITH THE MEMBERS OF THIS WORKING GROUP AND,  
15 THEREFORE, RECOMMENDATIONS THAT WE WILL MAKE TO OUR  
16 FULL BOARD. BUT WE INITIALLY HAVE TO START BY  
17 ESTABLISHING THIS THROUGH LEGISLATION WHICH WILL BE  
18 DONE LATER, BUT FIRST OF ALL, THE RECOMMENDATION  
19 FROM THIS WORKING GROUP TO CREATE THIS FUND IN THE  
20 FIRST PLACE.

21 DR. GOLDSTEIN: SO MOVED.

22 DR. LEVINE: SECOND.

23 CHAIRMAN TORRES: IT'S BEEN MOVED AND  
24 SECONDED. DISCUSSION.

25 MR. ROWLETT: SENATOR, THIS IS AL ROWLETT.

**BETH C. DRAIN, CA CSR NO. 7152**

1 SO GIVEN THAT THE NEED IS ESTABLISHED AND CERTAINLY  
2 IN KEEPING WITH WHAT YOU SAID ABOUT THE EXPECTATION  
3 THAT PEOPLE HAVE RELATED TO ROYALTIES, I WOULD BE  
4 INTERESTED IN HAVING STAFF COME BACK TO THE  
5 COMMITTEE WITH A PRESENTATION REGARDING WHAT  
6 EXISTING ORGANIZATIONS THAT ARE DOING THIS WORK IN  
7 THIS SPACE ARE DOING NOW.

8 AND I SAY THAT BECAUSE, IN MY THINKING,  
9 THAT MIGHT INDEED ACCELERATE THE TIMELINE THAT'S  
10 BEEN PRESENTED HERE SLIGHTLY SO THAT WE MIGHT BE  
11 ABLE TO GET MONEY TO PATIENTS SOONER. I SAY THAT  
12 WITH SOME LACK OF UNDERSTANDING AROUND THE TIME  
13 FRAMES BETWEEN QUARTER 1 2023 AND JULY 2023 AND  
14 WHAT'S GOING TO BE HAPPENING THERE. SO I KNOW THERE  
15 WILL BE MORE EXPLANATION ABOUT THAT.

16 AND THEN THE SECOND POINT IS IF STAFF COME  
17 BACK AND PROVIDE US WITH A PRESENTATION, I ASSUME  
18 THAT IT IS ALWAYS OPERATIONALLY A LOT MORE -- IT  
19 COULD BE FASTER IF AN OUTSIDE ENTITY DID THIS WORK  
20 FOR CIRM. BUT I DON'T KNOW WHAT ALL OF THE LEGAL  
21 ENCUMBRANCES ARE OR IF IT'S NECESSARY THAT THE WORK  
22 BE HOUSED IN CIRM. SO I'D BE INTERESTED IN THE  
23 PRESENTATION FOR THAT REASON AS WELL.

24 AND THEN ALL THE QUESTIONS ABOUT WHAT'S  
25 ALLOWABLE COSTS AND ALL THOSE THINGS THAT WOULD BE

**BETH C. DRAIN, CA CSR NO. 7152**

1 ASSOCIATED WITH A PRESENTATION LIKE THAT WOULD BE  
2 HELPFUL FOR ME. MY EXPERIENCE ON THE BEHAVIORAL  
3 HEALTH SIDE WITH SUPPORTING PATIENTS WITH  
4 PARTICIPATION IN TRIALS IS SLIGHTLY DIFFERENT. IT'S  
5 TYPICALLY A THIRD-PARTY ADMINISTRATOR THAT  
6 ADMINISTERS THE FUNDS AND GETS IT TO THE PATIENTS TO  
7 ENSURE THAT THEY PARTICIPATE. AND SO IN PART MY  
8 QUESTIONS ARE BEING INFORMED BY THAT EXPERIENCE AS A  
9 PATIENT ADVOCATE.

10 CHAIRMAN TORRES: YOU'RE RIGHT ON TARGET  
11 BECAUSE THAT'S EXACTLY WHAT THE TWO MARIAS AND GEOFF  
12 AND I HAVE BEEN TALKING ABOUT IN MOVING FORWARD IN  
13 THIS AREA, NO. 1, TO ESTABLISH A PROCESS WHEREBY AN  
14 RFP COULD BE ISSUED, BUT TO ALSO RELY UPON THE  
15 MEMBERS OF THIS WORKING GROUP TO GIVE US THEIR IDEAS  
16 OR SUGGESTIONS OF GROUPS THAT ARE OUT THERE THAT WE  
17 MAY NOT KNOW OF THAT OUGHT TO BE HIGHLIGHTED AND  
18 DIRECTED WITH SUCH AN RFP, AND ALSO THE TYPE OF  
19 ASSISTANCE, AS ARTICULATED IN THE PRESENTATION BY  
20 DR. LOMAX REGARDING AN RFA, AND ALSO WHERE FUNDS  
21 COULD BE EXPENDED IN CURRENT CIRM PROGRAMS THAT WE  
22 THINK MIGHT BE RELEVANT.

23 MY OWN EXPERIENCE AND YEARS HAS BEEN WITH  
24 THE ORGAN TRANSPLANT FIELD WITH ONE LEGACY WHERE WE  
25 HAVE FUNDED ORGANIZATIONS, THE AVA FOUNDATION BEING

**BETH C. DRAIN, CA CSR NO. 7152**

1 ONE, WHICH IS THE HEART TRANSPLANT FOUNDATION, THAT  
2 HELPS PATIENTS HAVE ACCESSIBILITY TO ORGAN  
3 TRANSPLANTS BY PAYING FOR THEIR EXPENSES TO COME TO  
4 LOS ANGELES, PAYING FOR THEIR CAREGIVERS SO THAT  
5 THEY HAVE AN EASY WAY TO ESTABLISH ACCESSIBILITY AND  
6 AFFORDABILITY TO THOSE TRANSPLANTS.

7 SO YOU'RE RIGHT ON TARGET, AL, AND WE'RE  
8 GOING TO BE MOVING IN THAT DIRECTION AND  
9 ANTICIPATING ANY RECOMMENDATIONS WE MIGHT HAVE FOR  
10 ORGANIZATIONS THAT MEMBERS OF THIS GROUP MIGHT HAVE  
11 ACCESS TO OR MIGHT SO RECOMMEND.

12 DR. SENTHIL, YOU HAD YOUR HAND UP.

13 DR. SENTHIL: THANK YOU, SENATOR TORRES.  
14 I JUST WANTED TO BRING A TOPIC FOR DISCUSSION. I  
15 THINK IT IS WONDERFUL THAT WE HAVE FUNDS TO SUPPORT  
16 PATIENTS; BUT WHEN WE THINK ABOUT ACCESSIBILITY OF  
17 CARE, PARTICULARLY FOR THIS PARTICULAR THERAPY, IT  
18 IS LIMITED TO CERTAIN INSTITUTIONS. AND PATIENTS DO  
19 HAVE TO TRAVEL A LONG DISTANCE AS WE HAVE ALREADY  
20 SEEN. SO SOME OF THE INSTITUTIONS LACK  
21 INFRASTRUCTURE OR CERTAIN RESEARCH TO PROVIDE THIS  
22 TYPE OF THERAPY TO PATIENTS. AND WILL THERE BE ANY  
23 CONSIDERATION TO USE THESE FUNDS TO LOOK AT  
24 ACCESSIBLE INSTITUTIONS THAT WE SUPPORT THAT COULD  
25 POSSIBLY OFFER THIS TREATMENT TO PATIENTS MUCH MORE

**BETH C. DRAIN, CA CSR NO. 7152**

1 IN THEIR BACKYARD RATHER THAN PATIENTS HAVING TO  
2 TRAVEL A LONG DISTANCE TO ACCESS CERTAIN TRIALS AND  
3 THERAPIES?

4 THAT'S JUST A THOUGHT FOR DISCUSSION  
5 BECAUSE COULD THIS PATIENT ASSISTANCE FUND BE  
6 EXPANDED TO AFFECT BOTH THE AFFORDABILITY AND THE  
7 ACCESSIBILITY LOOKING AT IT FROM A DIFFERENT POINT?

8 CHAIRMAN TORRES: WELL, GIVEN THE  
9 LANGUAGE, AND I HELPED DRAFT THIS LANGUAGE FOR THE  
10 INITIATIVE BACK IN 2020, WE ALWAYS WANTED TO HAVE  
11 FLEXIBILITY IN TERMS OF HOW THESE FUNDS WERE USED.  
12 DR. MILLAN, I THINK YOU WOULD AGREE, RIGHT, THAT  
13 THIS IS AN EXCELLENT SUGGESTION THAT WE COULD VERY  
14 WELL IMPLEMENT TO MAKE SURE THAT PEOPLE HAVE THE  
15 ACCESSIBILITY WHICH ALSO COMES BACK TO THE  
16 AFFORDABILITY, RIGHT, MARIA?

17 DR. MILLAN: YES, ABSOLUTELY. I THINK  
18 THAT ANOTHER MEMBER HAS THEIR HAND UP. I'D LIKE TO  
19 BE ABLE TO FOLLOW ONTO SOME OF THE TOPICS BROUGHT UP  
20 BY BOARD MEMBER ROWLETT WHEN THERE'S AN OPPORTUNITY  
21 TO DO SO.

22 CHAIRMAN TORRES: AMMAR, I THINK YOU HAD  
23 YOUR HAND UP. WELCOME.

24 MR. QADAN: THANK YOU. THANK YOU,  
25 SENATOR. THIS IS REALLY A GREAT STEP. MY QUESTION

**BETH C. DRAIN, CA CSR NO. 7152**

1 IS AROUND, THINKING AROUND WHETHER WE SHOULD BE  
2 SEEKING A THIRD PARTY OR AN ESTABLISHED FUND VERSUS  
3 DOING IT OURSELVES, THE PATIENTS GOING INTO THIS  
4 RESEARCH, WHERE ARE THEY COMING FROM? ARE THEY  
5 COMING FROM MAINLY TRIALS THAT CIRM IS RUNNING  
6 VERSUS TRIALS THAT MAYBE OTHER COMPANIES ARE  
7 RUNNING? SO WHAT'S THE BALANCE? IF IT'S MORE ON  
8 OUR SIDE, MAYBE IT'S WORTH IT TO THINK ABOUT RUNNING  
9 SUCH PATIENT ASSISTANCE OURSELVES. IF THEY'RE  
10 COMING FROM EVERYWHERE, THEN MAYBE WE NEED MORE  
11 DECENTRALIZATION AROUND MAKING THOSE FUNDS  
12 AVAILABLE. THANK YOU.

13 CHAIRMAN TORRES: MARIA, DID YOU WANT TO  
14 RESPOND? NO ONE ELSE HAS RAISED THEIR HAND.

15 DR. MILLAN: THIS IS A VERY MEATY TOPIC.  
16 I'M GOING TO TRY TO APPROACH THIS IN A WAY THAT I  
17 HOPE WILL BE HELPFUL.

18 I THINK THAT WHAT BOARD MEMBER ROWLETT  
19 BROUGHT UP IS THIRD PARTIES THAT POTENTIALLY COULD  
20 COME IN AND DEPLOY THE USE OF THESE FUNDS TO HELP  
21 CIRM WITH THE OBJECTIVE OF MAKING TRIALS, CURRENTLY  
22 PROBABLY JUST AT THE LEVEL OF TRIALS, BECAUSE WE  
23 DON'T HAVE APPROVED THERAPIES IN OUR PORTFOLIO YET,  
24 ACCESSIBLE TO PATIENTS FROM ALL COMMUNITIES. I  
25 THINK THAT'S A VERY TANGIBLE, REALISTIC, AND DOABLE

**BETH C. DRAIN, CA CSR NO. 7152**

1     THING.  WE HAVE SPOKEN TO DIFFERENT FUNDS, SUCH AS  
2     THE ASSISTANCE -- TAF, THE ASSISTANCE FUND, WHICH IS  
3     ONE OF THE BIGGEST ONES, AND PAN.  THESE ARE  
4     PROGRAMS THAT ARE VERY HIGHLY EXPERIENCED, ARE VERY  
5     AWARE OF THE REGULATORY KIND OF REQUIREMENTS, HAVE  
6     HAD DISCUSSIONS WITH HHS IN TERMS OF WHAT'S  
7     ALLOWABLE AND NOT ALLOWABLE.

8             I THINK IT MIGHT BE USEFUL FOR THIS  
9     COMMITTEE TO HEAR A PRESENTATION FROM SOME OF THOSE  
10    PROGRAMS TO JUST GAIN KIND OF AN UNDERSTANDING FOR  
11    THE TYPES OF PROGRAMS THEY DEPLOY AND THE REASON FOR  
12    THEM.  BECAUSE THERE ARE SOME RESTRICTIONS FROM CMS  
13    IN TERMS OF WHAT THINGS ONE CAN PROVIDE AND WHAT NOT  
14    THAT GO COUNTER TO WHAT'S ALLOWABLE.  THAT'S ONE  
15    PIECE BECAUSE, EVEN IF WE DEPLOY AN RFP, I THINK IT  
16    WOULD BE WELL INFORMED.

17            AND, AGAIN, NOT TO MAKE IT -- I THINK THAT  
18    IF THAT IS THE DIRECTION, AS THE FIRST OPTION, THAT  
19    THE AAWG WISHES TO CONSIDER, I THINK THAT IN ITSELF,  
20    GAINING THE INFORMATION SO THAT IT GIVES US ENOUGH  
21    DIRECTION FROM THE AAWG TO WORK WITH, I THINK IT'S  
22    AN IMPORTANT NEXT STEP.

23            BUT THE OTHER OPTIONS THAT SENATOR TORRES  
24    MENTIONED, THAT GEOFF HAD ALSO PUT UP, IS THAT WE  
25    FUND CLINICAL TRIALS.  WE FUND CLINICAL TRIALS

**BETH C. DRAIN, CA CSR NO. 7152**

1 THROUGH OUR CLINICAL 2 PROGRAM. AND THERE ARE  
2 ALREADY SOME PARTS OF THE CLINICAL TRIALS AND COSTS  
3 TO PATIENTS WHO ENROLL THAT ARE UNCOVERED COSTS THAT  
4 ARE ALLOWABLE COSTS THAT WE CAN COVER. BUT THEN IN  
5 ADDITION TO THAT, THERE ARE OTHER INTANGIBLES OR  
6 OTHER COSTS THAT DON'T FIT SQUARELY INTO WHAT'S  
7 COVERED THROUGH STANDARD COVERAGE MECHANISMS OR  
8 THROUGH OUR CLINICAL TRIAL POLICY.

9 SO THERE'S THAT DISCRETE CATEGORY THAT  
10 SPEAKS TO THE CENTRALIZED MODEL WHERE CIRM AS THE  
11 FUNDING AGENCY COULD -- THE AAWG COULD RECOMMEND  
12 THAT THAT BE HOW THE FUNDS ARE EXPENDED IN TERMS OF  
13 SUPPLEMENTING THE PROGRAMS WE ALREADY SUPPORT.

14 AND SO I WANTED TO BRING UP THOSE TWO  
15 MAJOR KIND OF TANGIBLE OPTIONS THAT ALREADY HAVE  
16 SYSTEMS OR MODELS IN PLACE TO WORK WITH.

17 CHAIRMAN TORRES: THANK YOU, MARIA. AND  
18 THANK YOU AGAIN FOR THE PATIENCE OF THIS WORKING  
19 GROUP. AS YOU KNOW, WE ARE, NOT TO USE A SIMILAR  
20 TERM, BUT WE ARE ON A VERY PIONEERING, EMBRYONIC  
21 TRAJECTORY HERE. AND THE KINDS OF ISSUES THAT WE  
22 PUT FORWARD ARE REALLY MAKING HISTORY FOR THIS STATE  
23 AND FOR PATIENTS.

24 MARIA BONNEVILLE, YOU HAD YOUR HAND  
25 EARLIER. I DIDN'T WANT TO IGNORE IT.

**BETH C. DRAIN, CA CSR NO. 7152**

1 MS. BONNEVILLE: THAT'S OKAY. THANK YOU.

2 CHAIRMAN TORRES: DR. THOMAS.

3 CHAIRMAN THOMAS: ART, JUST FOR THE  
4 PURPOSES OF THE WORKING GROUP, GEOFF, COULD YOU PUT  
5 UP THAT LAST PAGE OF THE SLIDE AGAIN PLEASE?

6 CHAIRMAN TORRES: THE TIMELINE?

7 CHAIRMAN THOMAS: YES. SO QUESTION JUST  
8 FOR ART, MARIA, AND GEOFF. THE FIRST ITEM, CONSIDER  
9 AMOUNT AND PURPOSE OF THE REQUEST, WHEN FOR THE  
10 WORKING GROUP DO WE ENVISION BRINGING POTENTIAL  
11 PROPOSALS FOR THOSE TWO TOPICS TO THE GROUP FOR ITS  
12 CONSIDERATION?

13 CHAIRMAN TORRES: I THINK THE FIRST STEP  
14 IS TO PASS THIS MOTION, WHICH IS ON THE TABLE, TO  
15 CREATE THIS ASSISTANCE FUND. AND THEN WHAT EMANATES  
16 FROM THAT WILL BE THE DISCUSSION THAT YOU ARE  
17 REFERENCING.

18 CHAIRMAN THOMAS: OKAY. ARE WE LOOKING TO  
19 THE WORKING GROUP TO COME UP WITH THE PURPOSES, OR  
20 ARE WE GOING TO BE PRESENTING SOME INDICATIVE  
21 PURPOSES FOR CONSIDERATION? HOW ARE WE --

22 CHAIRMAN TORRES: WELL, MY INTENT IS FOR  
23 THE WORKING GROUP TO RECOMMEND TO THE FULL BOARD AND  
24 THE FULL BOARD APPROVE THE ESTABLISHMENT OF THIS  
25 FUND. AND THEN, AS MARIA SAID, HAVE MORE

**BETH C. DRAIN, CA CSR NO. 7152**

1 INFORMATION FROM GROUPS LIKE PAN, TAF, AND OTHERS TO  
2 GIVE US AN IDEA AND THE BREADTH OF JURISDICTION THAT  
3 WE NEED TO IMPLEMENT IN DEVELOPING AN RFA. BUT SOME  
4 OF THE ISSUES THAT WERE RAISED BY MEMBERS TODAY ALSO  
5 LEAD US OTHER DIRECTIONS THAT WE NEED TO TALK ABOUT.

6 CHAIRMAN THOMAS: SO THE MEETING OF THE  
7 WORKING GROUP POST THE MARCH ICOC MEETING ADOPTING  
8 THE MOTION HERE --

9 CHAIRMAN TORRES: YES.

10 CHAIRMAN THOMAS: -- WILL BE THE ONE THAT  
11 WE WILL GET INTO SORT OF THE MEAT OF THAT PARTICULAR  
12 LINE ITEM.

13 CHAIRMAN TORRES: RIGHT. ALSO, WE WILL  
14 CONTINUE OUR DISCUSSIONS, THE MARIAS AND GEOFF AND  
15 I, IN TERMS OF JUST WHAT THAT OUGHT TO LOOK LIKE AND  
16 WHETHER OR NOT WE ARE LOOKING AT WHAT KINDS OF RFA'S  
17 OR RFP'S OUGHT TO BE LOOKED AT TO PUT OUT TO THE  
18 FIELD GENERALLY, AND, AGAIN, RELYING UPON THIS  
19 WEALTH OF EXPERIENCE THAT WE HAVE IN THIS WORKING  
20 GROUP AND THE CONTACTS THAT ALL OF YOU HAVE TO GIVE  
21 US IDEAS OF WHAT ORGANIZATIONS OUGHT TO BE PUT ON  
22 THAT LIST TO RECEIVE AN RFP OR AN RFA WOULD BE  
23 HELPFUL AS WELL.

24 CHAIRMAN THOMAS: OKAY. THANK YOU.

25 CHAIRMAN THOMAS: ANYONE ELSE?

**BETH C. DRAIN, CA CSR NO. 7152**

1 MS. BONNEVILLE: TED HAS HIS HAND RAISED.

2 CHAIRMAN TORRES: I'M SORRY. TED, DR.  
3 GOLDSTEIN.

4 DR. GOLDSTEIN: SO I THINK ONE OTHER  
5 QUESTION I HAVE HERE IS WHAT ARE SORT OF SUCCESS  
6 METRICS WE SHOULD HAVE. I CAN THINK OF FOUR OFF THE  
7 TOP OF MY HEAD THAT, WHILE NOT OPPOSED TO EACH  
8 OTHER, DO CONFLICT. ONE IS PATIENT OUTCOME.  
9 ANOTHER IS CLINICAL TRIAL SUCCESS. ANOTHER IS  
10 CLINICAL TRIAL COST MANAGEMENT. AND ANOTHER IS  
11 EQUITY FOR DISADVANTAGED GROUPS. AND THOSE FOUR, I  
12 THINK IT MAY BEHOVE US TO SORT OF PRIORITIZE WHAT  
13 ARE THE HIGHEST SUCCESS METRICS WE WANT. I THINK  
14 EQUITY IS CERTAINLY TOP OF MY LIST GIVEN THE CHARTER  
15 OF THE GROUP.

16 BUT I ALSO THINK WE ARE HERE TO SHEPHERD  
17 CIRM TRIALS AND THEIR SUCCESS AS WELL. BUT  
18 INDIVIDUAL PATIENTS IN CLINICAL CARE IS ALWAYS  
19 PARAMOUNT TO GIVING ONE-TO-ONE INTERACTION THAT  
20 CLINICIANS HAVE. SO I DON'T KNOW HOW TO RECONCILE  
21 THESE THINGS. BUT I THINK IF WE CAN ESTABLISH A SET  
22 OF SUCCESS METRICS THAT WE ARE AFTER, THEN WE WILL  
23 COME OUT WITH WHAT WE WANT.

24 CHAIRMAN TORRES: EXCELLENT POINT. ANY  
25 OTHER COMMENTS? I SEE NO OTHER HANDS.

**BETH C. DRAIN, CA CSR NO. 7152**

1 MR. ROWLETT: JUST VERY QUICKLY, ART. I  
2 WANT TO ENDORSE WHAT DR. GOLDSTEIN SAID REGARDING  
3 SUCCESS METRICS. AND CERTAINLY I WOULD SECOND WHAT  
4 HE IDENTIFIED AS THE PRIORITY, METRICS FOR DIVERSE  
5 UNDERSERVED PATIENT GROUPS.

6 AND THEN AFTER THE VOTE, IT WOULD BE  
7 HELPFUL FOR ME, AND I DON'T KNOW IF WE HAVE TIME,  
8 WHAT I APPRECIATE ABOUT THAT LAST SLIDE IS THAT,  
9 ONCE WE GET APPROVAL FROM THE DEPARTMENT OF FINANCE,  
10 IT TAKES A YEAR FOR FUNDS TO ACTUALLY BECOME  
11 AVAILABLE TO BE DISTRIBUTED. AND I MIGHT BE  
12 MISINTERPRETING THAT, BUT AT LEAST THAT'S WHAT I SAW  
13 AND THAT WAS PART OF MY QUESTION.

14 SO THIS SLIDE SAYS SUBMIT REQUESTS TO  
15 DEPARTMENT OF FINANCE JULY OF THIS YEAR, AND THEN  
16 JULY THE NEXT YEAR FUNDS ARE EXPENDED. JUST TO  
17 APPRECIATE THAT THAT IS A 12-MONTH PERIOD BETWEEN  
18 GETTING THE FUNDS AND THEN THE FUNDS BEING EXPENDED.  
19 AND MY HOPE WAS THAT, AFTER WE VOTE, MY HOPE IS THAT  
20 EVERYBODY APPROVES THIS, THAT WE COULD ACCELERATE  
21 THAT PROCESS.

22 CHAIRMAN TORRES: MARIA BONNEVILLE.

23 MS. BONNEVILLE: JUST TO A COMMENT ON  
24 THAT. SO THE BUDGET PROCESS, AS EVERYONE KNOWS, IS  
25 A LENGTHY PROCESS. AND THIS GOES THROUGH THAT SAME

**BETH C. DRAIN, CA CSR NO. 7152**

1 BUDGET PROCESS THE STATE UNDERGOES EVERY YEAR. SO  
2 WE WOULD BEGIN TALKING TO THE DEPARTMENT OF FINANCE  
3 ABOUT THE REQUEST FOR THESE FUNDS AND WHAT THEY WERE  
4 GOING TO USED FOR EARLY ON. AND BECAUSE IT'S  
5 SOMETHING NEW TO THE BUDGET, THERE'S JUST A FORM WE  
6 NEED TO FILL OUT AND CONVERSATIONS THAT WOULD START.  
7 AND SO IT DOES TAKE ROUGHLY A YEAR IN ORDER TO GET  
8 THE MONEY INTO THE ACCOUNT READY FOR IT TO BE  
9 DEPLOYED BY CIRM. SO I JUST WANTED TO CLARIFY THAT  
10 A LITTLE BIT.

11 CHAIRMAN TORRES: AND ANY WAY THAT I CAN  
12 PUSH THESE BUREAUCRATS TO MOVE A LITTLE BIT MORE  
13 RAPIDLY I'LL BE VERY HAPPY TO DO.

14 ANN, YOU HAD YOUR HAND UP.

15 MS. BOYNTON: ON THE FINANCE TOPIC, I WAS  
16 JUST WONDERING IF THERE'S ANY FLEXIBILITY IN THE  
17 LANGUAGE, SENATOR, THAT MIGHT ALLOW US TO TALK WITH  
18 FINANCE ABOUT THE POSSIBILITY OF A REVOLVING FUND OR  
19 A CONTINUOUS APPROPRIATION THAT WOULD GIVE US A  
20 LITTLE BIT MORE FLEXIBILITY THAN THE ANNUAL BIND OF  
21 AN ANNUAL ASK.

22 CHAIRMAN TORRES: THERE'S ALWAYS THAT  
23 OPTION, AND I CERTAINLY WILL PURSUE IT AFTER TALKING  
24 TO MARIA BONNEVILLE BECAUSE SHE HAS BEEN DEALING  
25 MOSTLY OVER THE YEARS WITH THE DEPARTMENT OF FINANCE

**BETH C. DRAIN, CA CSR NO. 7152**

1 AS HAS J.T. SO THERE ARE OPTIONS OUT THERE.

2 THE OTHER PROBLEM IS THAT FOR THIS OFFICE  
3 OF AFFORDABILITY, WHICH THE GOVERNOR IS PROPOSING IN  
4 THE CURRENT BUDGET FOR 30 MILLION, IT WOULD NOT TAKE  
5 EFFECT UNTIL JANUARY 1, 2023, BECAUSE THE  
6 LEGISLATION WOULDN'T TAKE EFFECT TILL THEN UNLESS IT  
7 WERE AN URGENCY CLAUSE, AND THEY'RE RELUCTANT TO DO  
8 THAT BECAUSE THE OPPOSITION JUST WOULDN'T ALLOW FOR  
9 A TWO-THIRDS VOTE TO PASS EASILY. SO THERE ARE A  
10 NUMBER OF OTHER VARIABLES THAT ARE THERE WHICH I'M  
11 MANEUVERING THROUGH AS WE BEGIN THIS BUDGET PROCESS  
12 BECAUSE THE SUBCOMMITTEES HAVEN'T EVEN BEGUN, I  
13 DON'T THINK, AT LEAST TO HAVE PRELIMINARY HEARINGS  
14 ON THE BUDGET PROCESS.

15 EACH HOUSE HAS AN APPROPRIATION OR A  
16 BUDGET COMMITTEE, AND EACH BUDGET COMMITTEE HAS FOUR  
17 OR FIVE SUBCOMMITTEES ASSIGNED TO THE VARIOUS  
18 JURISDICTIONS OF STATE AGENCIES THAT COME UNDER  
19 THEIR REVIEW. AND THAT OBVIOUSLY, AS MARIA SAID,  
20 TAKES TIME. BUT I THINK THAT WE JUST HAVE TO  
21 EXPLORE EVERY OTHER OPTION, AS YOU'VE SAID, ANN,  
22 THAT WE MIGHT HAVE TO US AND GO FROM THERE. AND I  
23 WILL CERTAINLY BE DOING THAT. THANK YOU.

24 ANY OTHER COMMENTS? MARIA, CALL THE ROLL.

25 MS. BONNEVILLE: DAN BERNAL.

**BETH C. DRAIN, CA CSR NO. 7152**

1 MR. BERNAL: AYE.  
2 MS. BONNEVILLE: ANN BOYNTON.  
3 MS. BOYNTON: AYE.  
4 MS. BONNEVILLE: JAMES DEBENNEDETTI.  
5 MR. DEBENNEDETTI: AYE.  
6 MS. BONNEVILLE: DANA DORNSIFE. DAVID  
7 GOLDMAN. TED GOLDSTEIN.  
8 DR. GOLDSTEIN: AYE.  
9 MS. BONNEVILLE: DAVID HIGGINS.  
10 DR. HIGGINS: YES.  
11 MS. BONNEVILLE: HARLAN LEVINE.  
12 DR. LEVINE: AYE.  
13 MS. BONNEVILLE: PAT LEVITT.  
14 DR. LEVITT: YES.  
15 MS. BONNEVILLE: ADRIANA PADILLA.  
16 DR. PADILLA: YES.  
17 MS. BONNEVILLE: AMMAR QADAN.  
18 MR. QADAN. AYE.  
19 MS. BONNEVILLE: AL ROWLETT.  
20 MR. ROWLETT: AYE.  
21 MS. BONNEVILLE: DAVID SERRANO-SEWELL.  
22 MAHESWARI SENTHIL. ADRIENNE SHAPIRO.  
23 MS. SHAPIRO: AYE.  
24 MS. BONNEVILLE: JONATHAN THOMAS.  
25 CHAIRMAN THOMAS: YES.

**BETH C. DRAIN, CA CSR NO. 7152**

1 MS. BONNEVILLE: ART TORRES.

2 CHAIRMAN TORRES: AYE.

3 MS. BONNEVILLE: THE MOTION CARRIES.

4 CHAIRMAN TORRES: THE MOTION CARRIES. AND  
5 WE WILL SEND THAT IMMEDIATELY OVER TO THE BOARD,  
6 SINCE OUR CHAIR IS HERE SO HE KNOWS IT'S COMING, FOR  
7 APPROVAL AT OUR NEXT BOARD MEETING WHICH IS WHEN IN  
8 MARCH, MARIA?

9 MS. BONNEVILLE: I BELIEVE THE 24TH. YES,  
10 THE 24TH.

11 CHAIRMAN TORRES: BETWEEN THAT TIME, IF  
12 DR. LOMAX, DR. MILLAN, AND MARIA AND I WILL BE  
13 PUTTING OUR HEADS TOGETHER IN TERMS OF SOME OF THE  
14 ISSUES THAT WERE RAISED BY MANY OF YOU ON THIS CALL  
15 BECAUSE THEY WERE IMPORTANT ISSUES TO TAKE INTO  
16 CONSIDERATION AS WE MOVE FORWARD.

17 ALL RIGHT. NEXT STEPS, I THINK WE'VE  
18 PRETTY MUCH EXHAUSTED THAT. ARE THERE ANY OTHER  
19 ISSUES? J.T.

20 CHAIRMAN THOMAS: JUST A QUESTION, ART.  
21 THIS MONEY THAT WE ARE RECEIVING, THE 15.9 PLUS  
22 MILLION, SINCE WE KNOW THAT IT'S GOING TO BE THERE,  
23 IT'S ALREADY IDENTIFIED AND, THEREFORE, IS A LITTLE  
24 IN A BIT OF A DIFFERENT CATEGORY THAN OTHER FUNDS  
25 THAT MIGHT BE SUBJECT TO BUDGET CONSIDERATIONS IN

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1 THE NORMAL COURSE, IS THERE ANY CONCEIVABLE WAY  
2 THAT, BECAUSE THE MONEY IS ALREADY THERE AND  
3 IDENTIFIED, THAT WERE WE TO COME UP WITH A REQUEST  
4 FOR THAT, IT COULD BE CONSIDERED FOR DEPLOYMENT ANY  
5 SOONER THAN A YEAR FROM THIS JULY?

6 CHAIRMAN THOMAS: YES. ANN AND I TALKED  
7 ABOUT THAT EARLIER, AND I WILL DO EVERYTHING I CAN  
8 TO AT LEAST HAVE THE OPTIONS AVAILABLE TO US AND  
9 REPORT BACK TO THIS WORKING GROUP.

10 CHAIRMAN THOMAS: OKAY. I WASN'T AWARE  
11 THAT -- ANN, I THINK THAT'S A GREAT SUGGESTION  
12 BECAUSE I DO THINK THIS IS AN UNUSUAL POT OF MONEY  
13 IN ITS SOURCE AND THE FACT THAT IT IS ALREADY THERE  
14 READY TO BE USED IF WE WERE TO ASK. SO I THINK TO  
15 THE EXTENT WE CAN AVOID A FULL YEAR'S DELAY IN  
16 UTILIZING IT, THAT WOULD BE GREAT OBVIOUSLY.

17 CHAIRMAN TORRES: THAT'S THE CONCERN ALSO  
18 OF THE GOVERNOR'S OFFICE WHO I WAS IN TOUCH WITH  
19 LAST WEEK, TALKING TO THEIR POINT PEOPLE ON THIS  
20 OFFICE OF AFFORDABILITY, AND HOW THEY WERE REALLY  
21 UNAWARE OF WHAT PROVISIONS WE HAD IN PROPOSITION 14.  
22 SO I EDUCATED THEM ON THAT, AND I THINK THERE'S A  
23 CONSISTENCY THERE TO HOPEFULLY WORK TOGETHER TO MAKE  
24 THIS HAPPEN. I KNOW THE GOVERNOR IS VERY, NOT  
25 CONCERNED, BUT IS VERY SUPPORTIVE OF MAKING SURE

**BETH C. DRAIN, CA CSR NO. 7152**

1 THIS THING WORKS OUT AS WELL.

2 CHAIRMAN THOMAS: THANK YOU.

3 CHAIRMAN TORRES: ANY OTHER COMMENTS OR  
4 INPUT? I PROMISED TO MAKE THESE MEETINGS AS BRIEF  
5 AS POSSIBLE AND PRODUCTIVE AS POSSIBLE, SO, AGAIN, I  
6 WANT TO THANK YOU FOR THE TIME EACH OF YOU HAVE  
7 PROVIDED TO US ON THIS AGENDA. AND WE WILL BE BACK  
8 TO YOU. MEETING IS ADJOURNED.

9 (THE MEETING WAS THEN CONCLUDED AT 2:47 P.M.)

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**REPORTER'S CERTIFICATE**

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE VIRTUAL PROCEEDINGS BEFORE THE ACCESSIBILITY AND AFFORDABILITY WORKING GROUP OF THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON FEBRUARY 8, 2022, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

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